

Cook & Company, Inc.
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Phone: 800-281-9696
Fax: 781-837-8986

Town of Concord, HR Department
22 Monument Square, P. O. Box 535
Concord, MA 01742
Phone: 978-318-3025
Fax: 978-318-3024

MEDICAL RECORDS RELEASE

DATE OF INJURY: ____/____/____

NATURE OF INJURY: _____

I hereby authorize any hospital, physician, or other person who has attended me to furnish to Cook & Company, Inc. and the Town of Concord Human Resources Department all information with respect to this illness or injury and the resulting hospital or medical records, consultations, treatments or prescriptions. A copy of this authorization shall be considered as effective and valid as the original.

NAME (PRINT)

(SIGNATURE)

(DATE)